

City of Hartford  
116 E. Washington St  
Hartford, KY 42347

City of Hartford  
NET PROFIT LICENSE FEE RETURN

Account No.

BUSINESS NAME

**FOR YEAR ENDED**

STREET ADDRESS

**DUE DATE**

15th day of the  
fourth month  
following close of the  
year.

CITY

STATE

ZIP

PHONE

TRADE NAME, if any:

**Federal ID or Social  
Security No.**

NATURE OF BUSINESS

ATTACH A COPY OF THE  
APPLICABLE FEDERAL  
RETURN OR SCHEDULE:

FED. SCH. C or E (1040)  
FED. 1041, 1065 or 1120

Please note: Federal return  
should include Cost of Goods  
Sold Schedule and/or Other  
Schedule

ALL 1099 FORMS  
ISSUED MUST BE  
ATTACHED.

1.	Net Profit/Income per attached Federal Return	
2.	Hartford Percentage (From Schedule A)	
3.	License Fee Due (0.33% of Line 2)	
4.	Any prior debit/credit balance	
5.	Balance Due.	
6.	Penalty (5% per month, \$25 minimum)	
7.	Interest (12% per annum simple interest)	
8.	Total Amount Due (add Lines 5, 6, 7)	

*I certify that the statements made herein and in any supporting schedules are true, correct, and complete to the best of my knowledge.*

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR INTERNAL USE ONLY**

Reconciled By: \_\_\_\_\_

Date: \_\_\_\_\_

**SCHEDULE A**

COMPUTATION OF PERCENTAGE OF NET PROFITS SUBJECT TO LICENSE FEE			
ALLOCATION FACTOR	(A) City of Hartford FACTOR	(B) TOTAL EVERYWHERE	(C) City of Hartford PERCENTAGE
1. Gross Sales or Receipts			